

A Population Health Perspective on the 1115 Waiver Extension/Renewal

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Population Health

- The health outcomes of a group of individuals, including the distribution of such outcomes within the group.
 - These groups are often defined by geographic region, age, gender, ethnic and racial background, disability, or other defining characteristic.
- Concerns include
 - the overall health of a population
 - the distribution and determinants of health and health disparities within the population.
- The population health perspective bridges the divide between traditional public health and the medical care sectors to focus on improving the health outcomes throughout a community.

Kindig, DA, Stoddart G. (2003). What is population health? American Journal of Public Health, 93, 366-369.

The Triple Aim

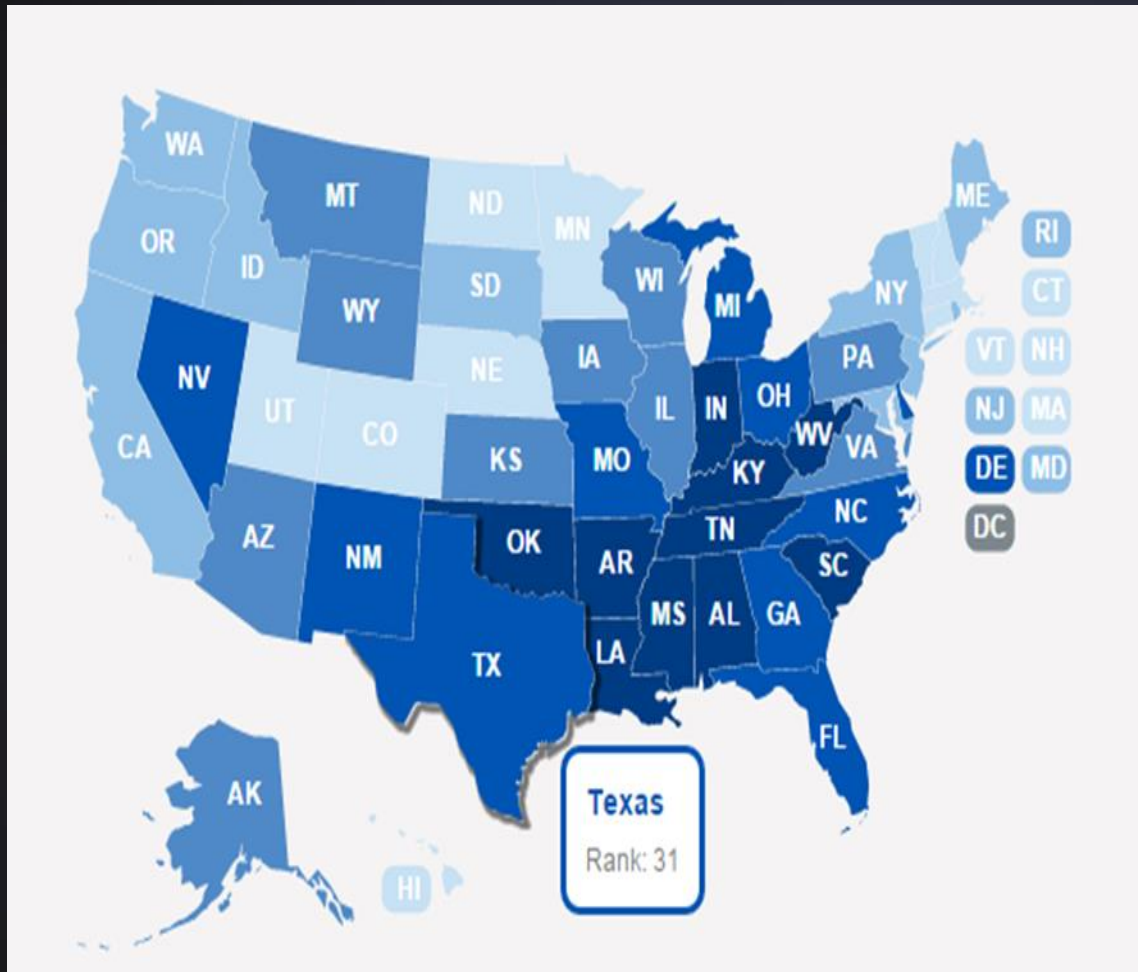
- Developed by the Institute for Healthcare Improvement,
- An approach to improving the health system that simultaneously pursues three goals:
 - improve the individual experience of care (including quality and patient satisfaction);
 - improve the health of populations; and
 - reduce the per capita costs of health care.

Our Challenge

- The United States Ranks #1 in Health Expenditures at 17.9% of GDP
 - Roughly \$3 Trillion aggregate annual cost
 - \$8,895 per capita in 2012
 - This crowds out other state and national priorities
- The United States has Mediocre population health outcomes
 - Ranks 34th Life Expectancy
 - Ranks 42nd Infant Mortality

So, how does Texas rank in
Health compared to the nation?

Overall State Health Rankings

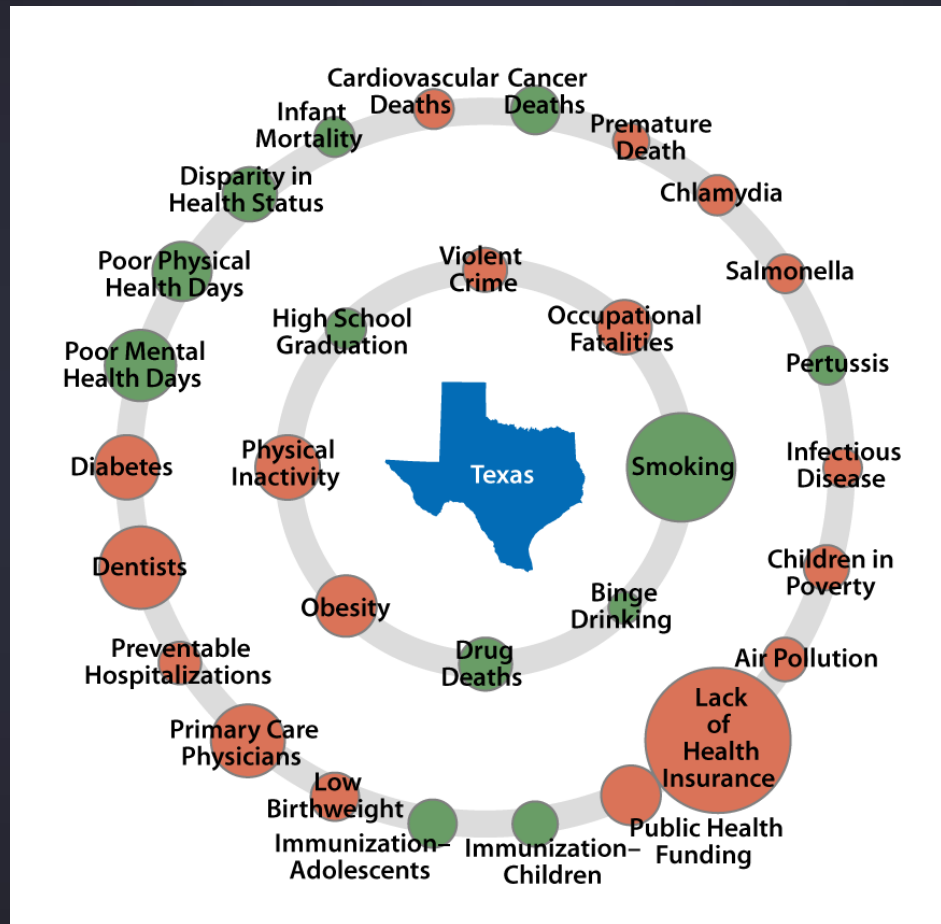



Source: America's Health Rankings, United Health Foundation 2014 Annual Report


Core Measure Impact

Shows the impacts of core measures on a state's overall ranking

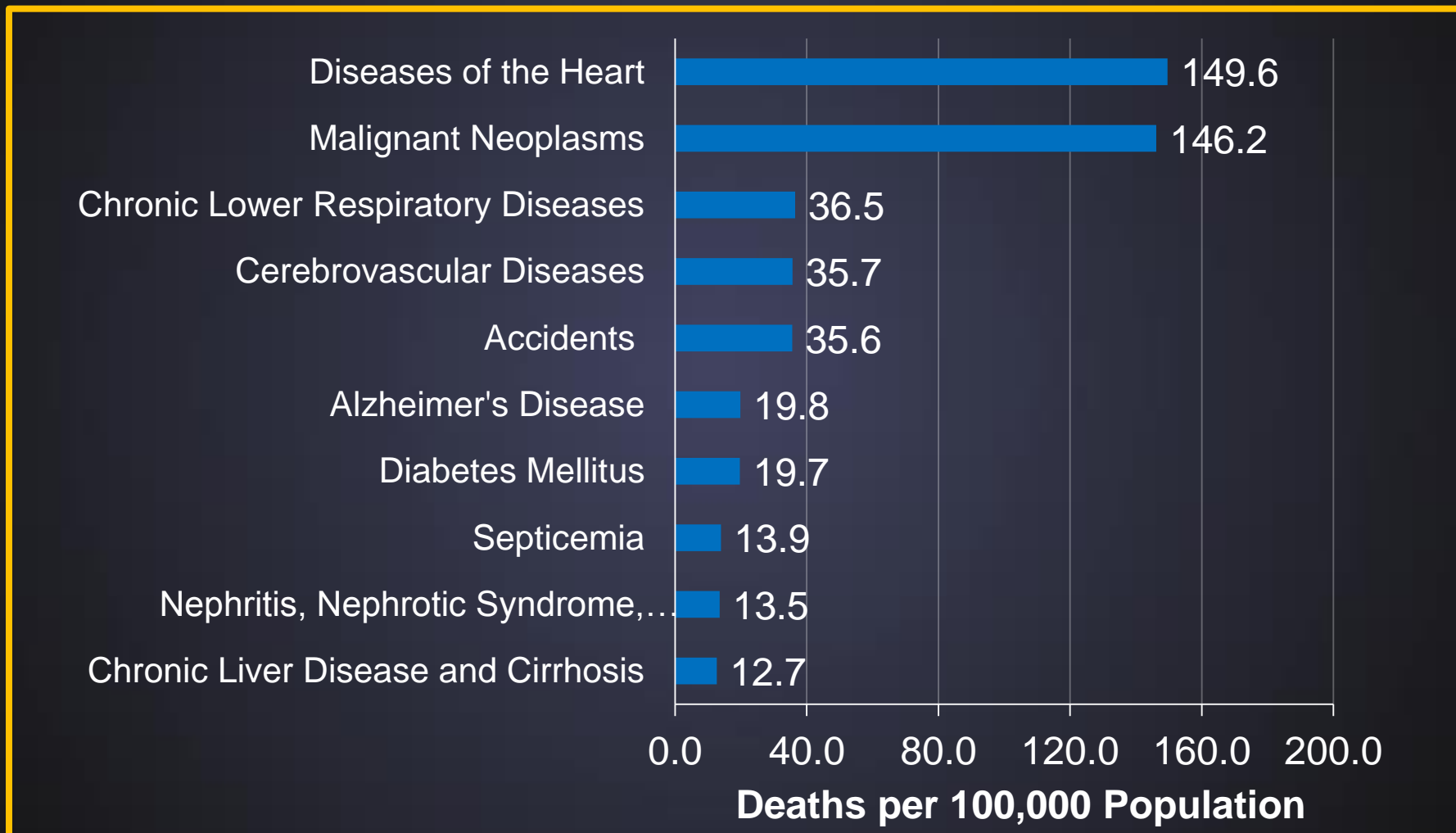
Texas – 2014
Overall Ranking
31



 Above the national norm

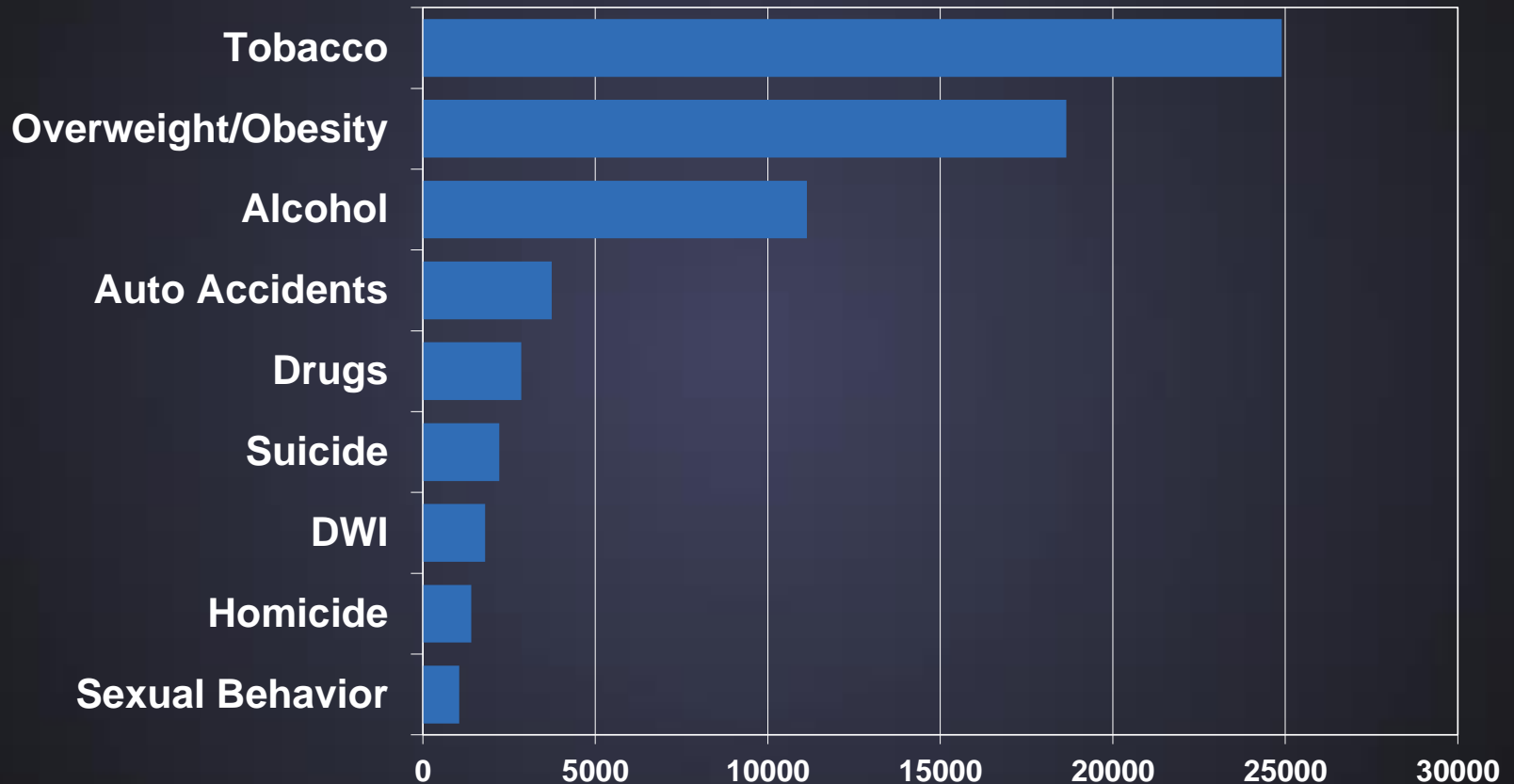
 Below the national norm

Leading Causes of Death-Texas 2012



Data Source: Vital Statistics Unit, Center for Health Statistics, DSHS

Actual Causes of Death Shaped by Behavior



Source: Chronic Disease in Texas 2007, DSHS

5 Leading Causes of Death for Males, number of deaths and rates (numbers per 100,000), Texas 2010

Age Group								
	1-14	15-24	25-34	35-44	45-54	55-64	65-74	75+
1	Accidents (Injuries) 200 (7.3)	Accidents (Injuries) 844 (44.4)	Accidents (Injuries) 904 (49.6)	Accidents (Injuries) 799 (46.4)	Diseases of the Heart 1,916 (112.5)	Malignant Neoplasms (Cancer) 4,264 (339.2)	Malignant Neoplasms (Cancer) 5,340 (77.1)	Diseases of the Heart 9,989 (2,227.1)
2	Malignant Neoplasms (Cancer) 63 (2.3)	Intentional Self-Harm (Suicide) 332 (17.5)	Intentional Self-Harm (Suicide) 357 (20.6)	Diseases of the Heart 579 (33.6)	Malignant Neoplasms (Cancer) 1,879 (110.3)	Diseases of the Heart 3,596 (286.1)	Diseases of the Heart 3,833 (557.8)	Malignant Neoplasms (Cancer) 7,501 (1,672.4)
3	Assault (Homicide) 36 (1.3)	Assault (Homicide) 292 (15.4)	Assault (Homicide) 277 (15.2)	Malignant Neoplasms (Cancer) 420 (24.4)	Accidents (Injuries) 952 (55.9)	Accidents (Injuries) 694 (55.2)	Chronic lower Respiratory Diseases 1,136 (165.3)	Chronic lower Respiratory Diseases 2,549 (568.3)
4	Congenital Malformations 26 (0.9)	Malignant Neoplasms (Cancer) 85 (4.5)	Diseases of the Heart 181 (9.9)	Intentional Self-Harm (Suicide) 404 (23.4)	Chronic liver Disease & Cirrhosis 574 (33.7)	Chronic liver Disease & Cirrhosis 661 (52.6)	Cerebrovascular Disease (Stroke) 729 (106.1)	Cerebrovascular Disease (Stroke) 2,127 (474.2)
5	Diseases of the Heart 17 (0.6)	Diseases of the Heart 52 (2.7)	Malignant Neoplasms (Cancer) 144 (7.9)	HIV 162 (9.4)	Intentional Self-Harm (Suicide) 491 (28.8)	Diabetes Mellitus 569 (45.3)	Diabetes Mellitus 588 (85.6)	Alzheimer's Disease 1,445 (322.2)

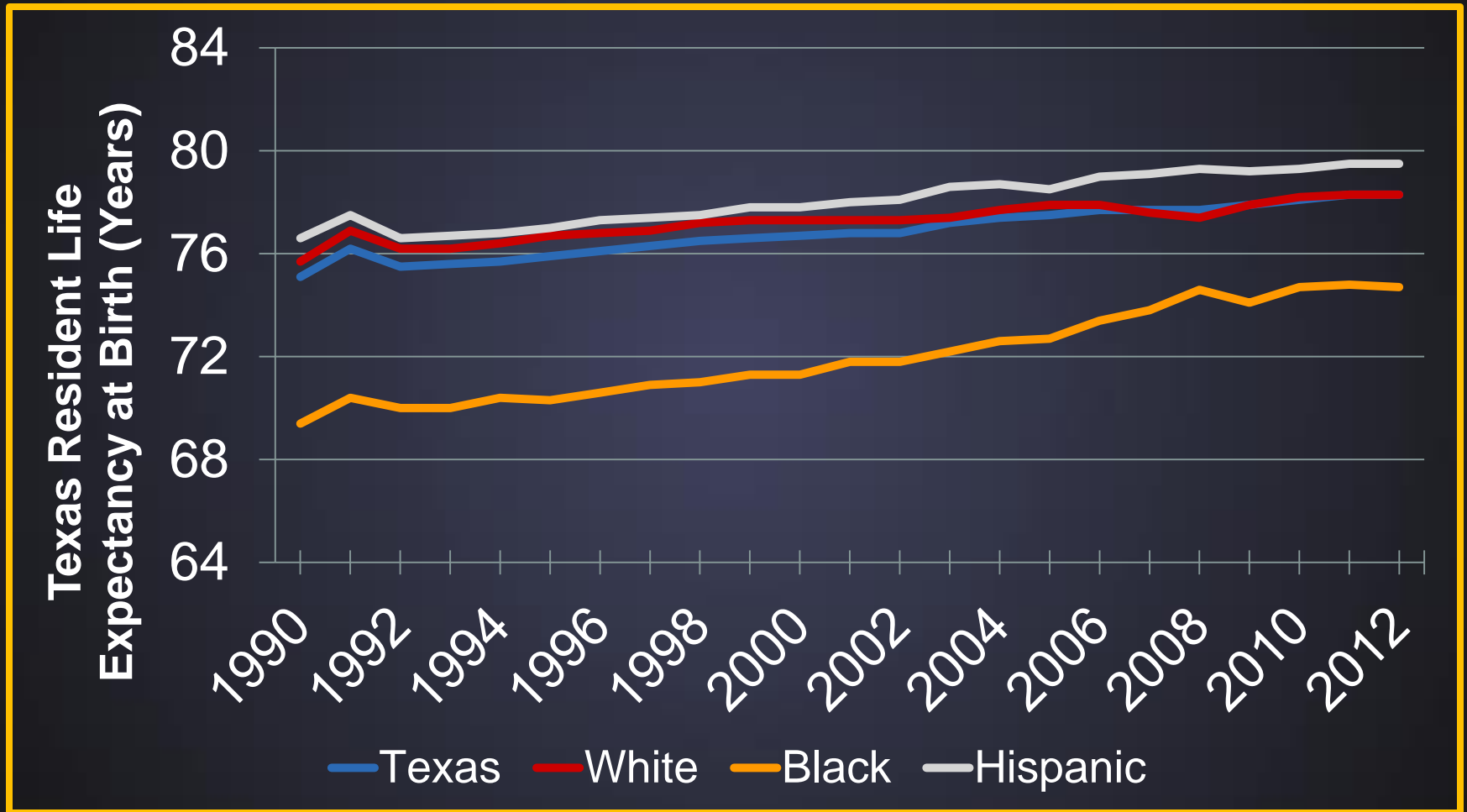
5 Leading Causes of Death for Females, number of deaths and rates (numbers per 100,000), Texas 2010

Rank	Age Group							
	1-14	15-24	25-34	35-44	45-54	55-64	65-74	75+
1	Accidents (Injuries) 126 (4.7)	Accidents (Injuries) 293 (15.8)	Accidents (Injuries) 325 (17.8)	Malignant Neoplasms (Cancer) 536 (30.1)	Malignant Neoplasms (Cancer) 1,790 (102.5)	Malignant Neoplasms (Cancer) 3,576 (245.7)	Malignant Neoplasms (Cancer) 4,334 (492.3)	Diseases of the Heart 12,456 (1,744.9)
2	Malignant Neoplasms (Cancer) 55 (2.1)	Intentional Self- Harm (Suicide) 73 (3.9)	Malignant Neoplasms (Cancer) 192 (10.5)	Accidents (Injuries) 299 (16.8)	Diseases of the Heart 854 (48.9)	Diseases of the Heart 1,733 (119.1)	Diseases of the Heart 2,514 (285.6)	Malignant Neoplasms (Cancer) 7,184 (1,006.4)
3	Congenital Malformations 39 (1.5)	Malignant Neoplasms (Cancer) 60 (3.2)	Intentional Self- Harm (Suicide) 118 (6.5)	Diseases of the Heart 266 (14.9)	Accidents (Injuries) 469 (26.9)	Chronic Lower Respiratory Diseases 516 (35.5)	Chronic Lower Respiratory Diseases 1,090 (123.8)	Cerebrovascular Disease (Stroke) 3,871 (542.3)
4	Assault (Homicide) 22 (0.8)	Assault (Homicide) 48 (2.6)	Diseases of the Heart 72 (4.9)	Intentional Self- Harm (Suicide) 118 (6.6)	Chronic Liver Disease & Cirrhosis 271 (15.5)	Diabetes Mellitus 424 (29.1)	Cerebrovascular Disease (Stroke) 678 (77.0)	Alzheimer's Disease 3,338 (467.6)
5	Diseases of the Heart 17 (0.6)	Diseases of the Heart 28 (1.5)	Assault (Homicide) 46 (3.9)	Cerebrovascular Disease (Stroke) 83 (4.7)	Cerebrovascular Disease (Stroke) 225 (12.9)	Cerebrovascular Disease (Stroke) 404 (27.8)	Diabetes Mellitus 556 (63.2)	Chronic Lower Respiratory Diseases 3,069 (429.9)

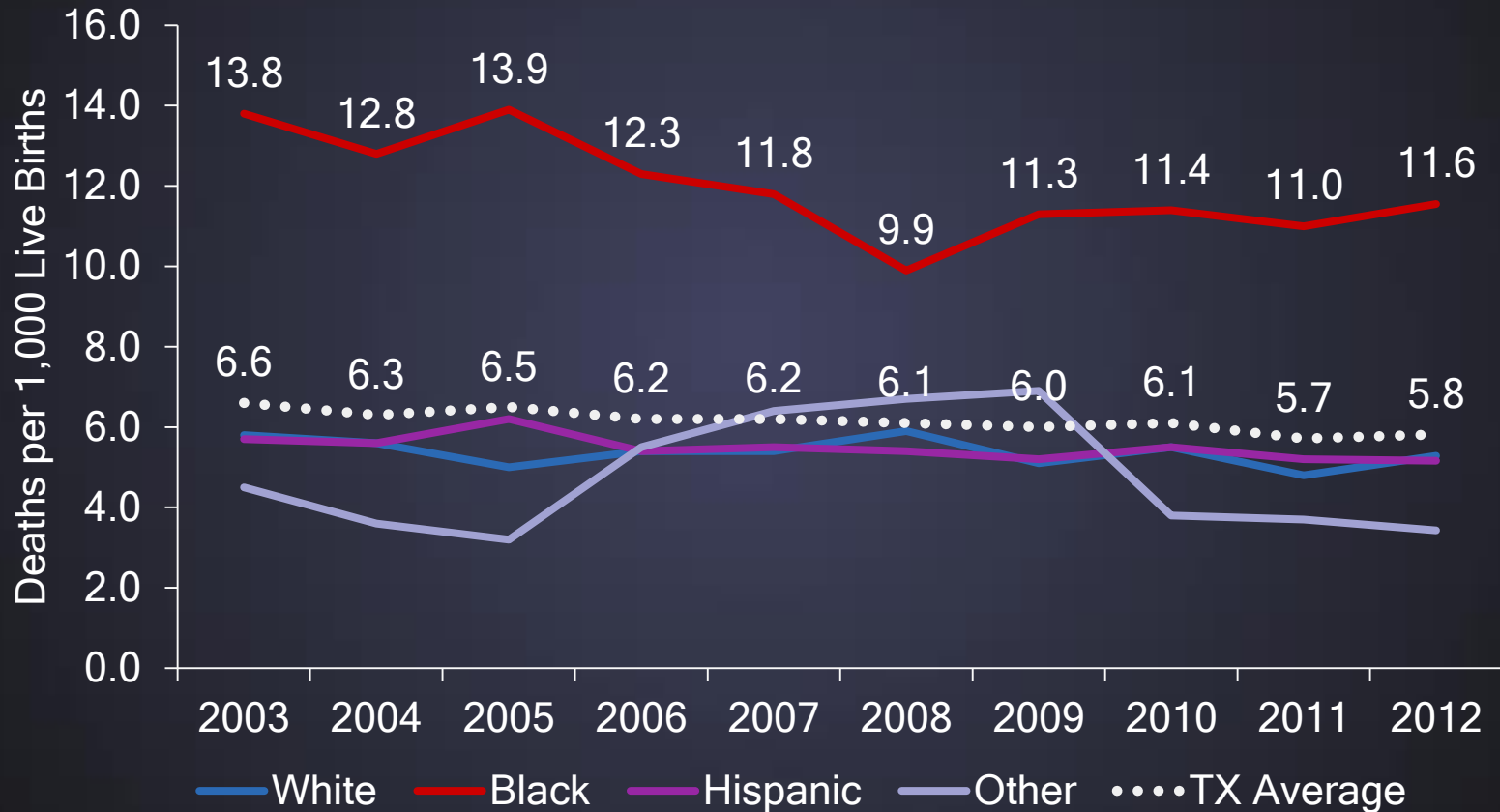
Health Disparities

- Racial and Ethnic
- Geographic
- Educational and Income

Life Expectancy in Texas by Race and Ethnicity

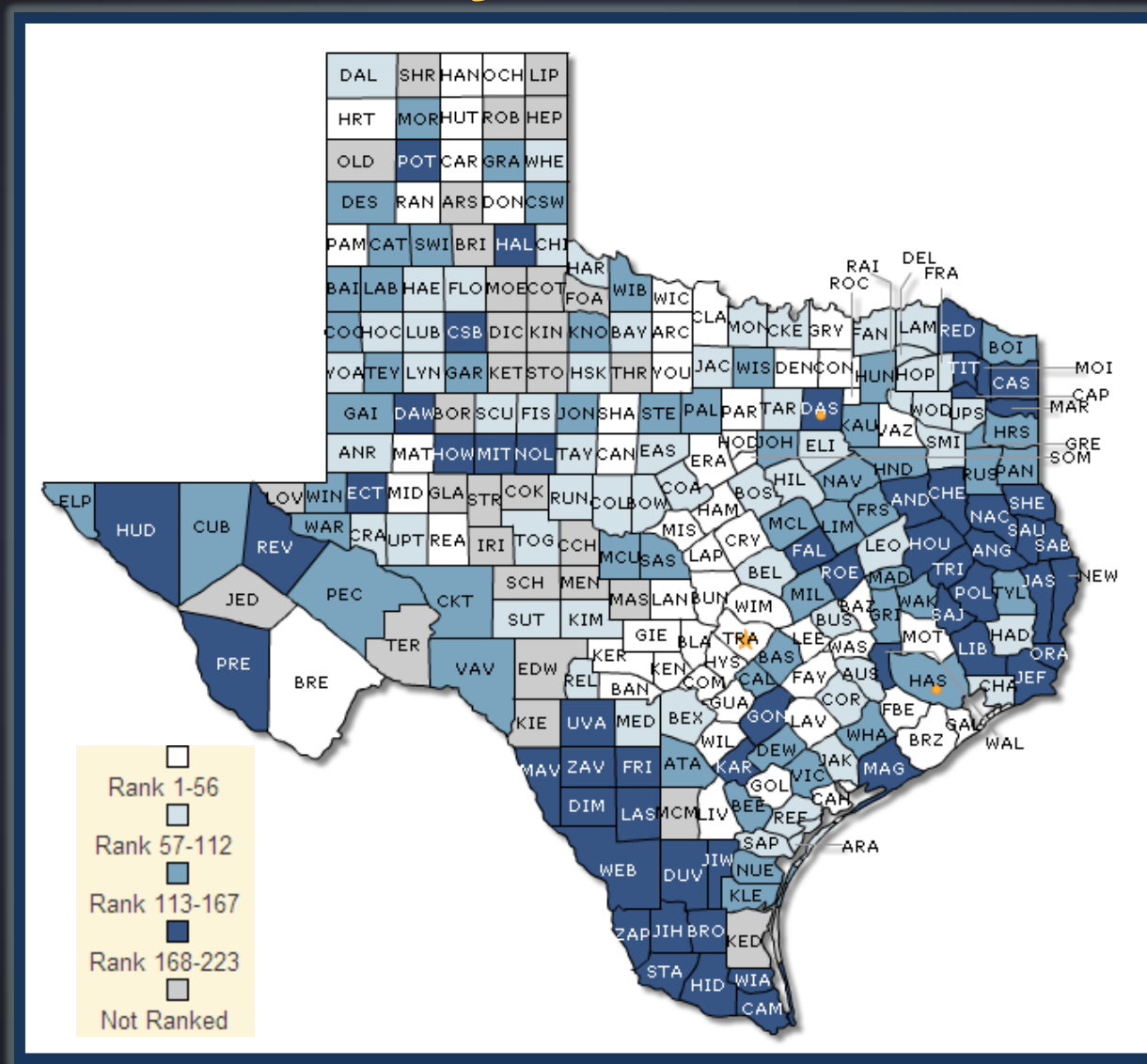


Infant Mortality Rate by Race / Ethnicity (2003–2012)

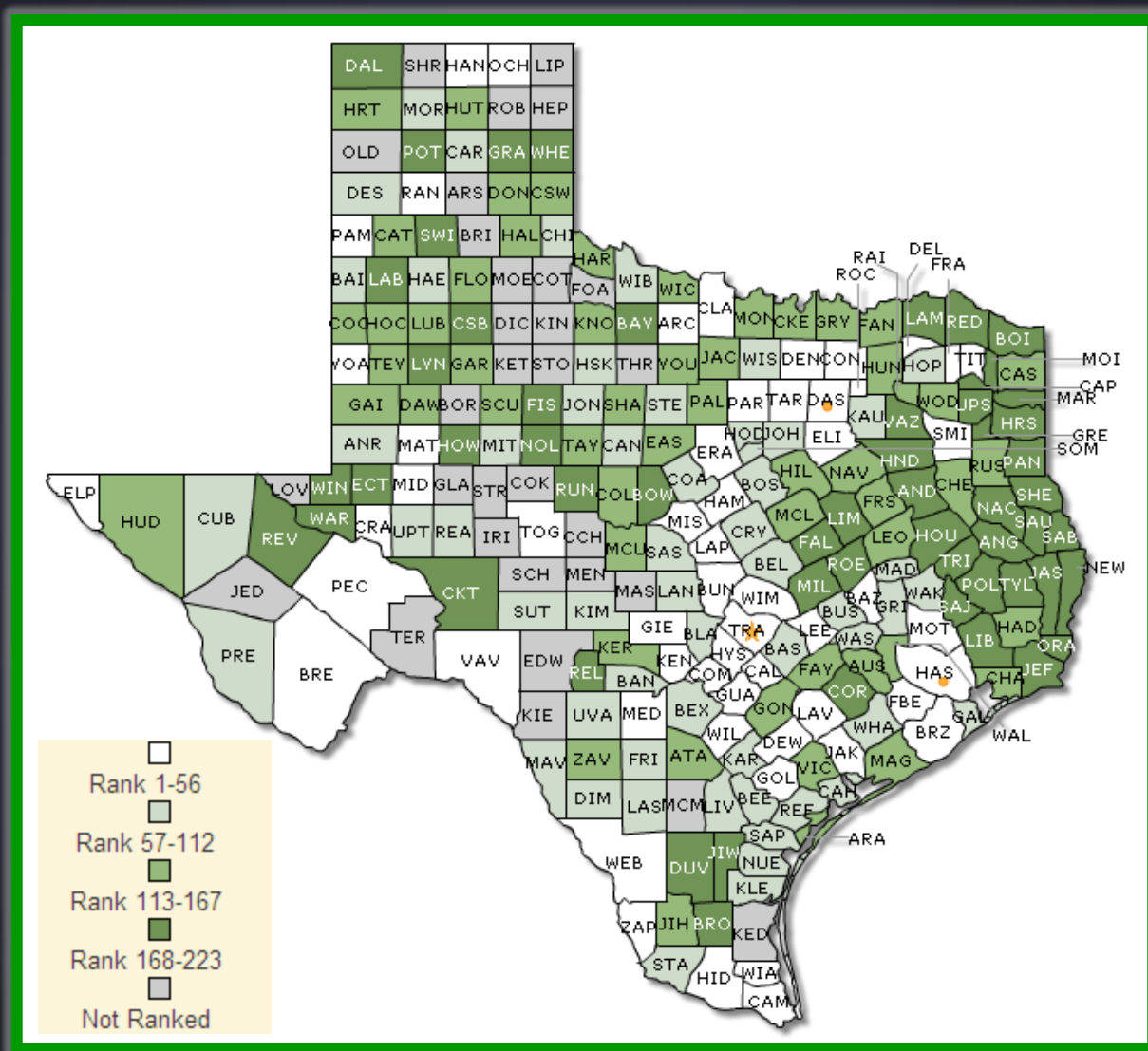


Source: Texas data from Death Vital Records, DSHS, Center for Health Statistics; Prepared by FCBS, Office of Program Decisions Support

Texas County Health Rankings



Texas County Health Outcomes







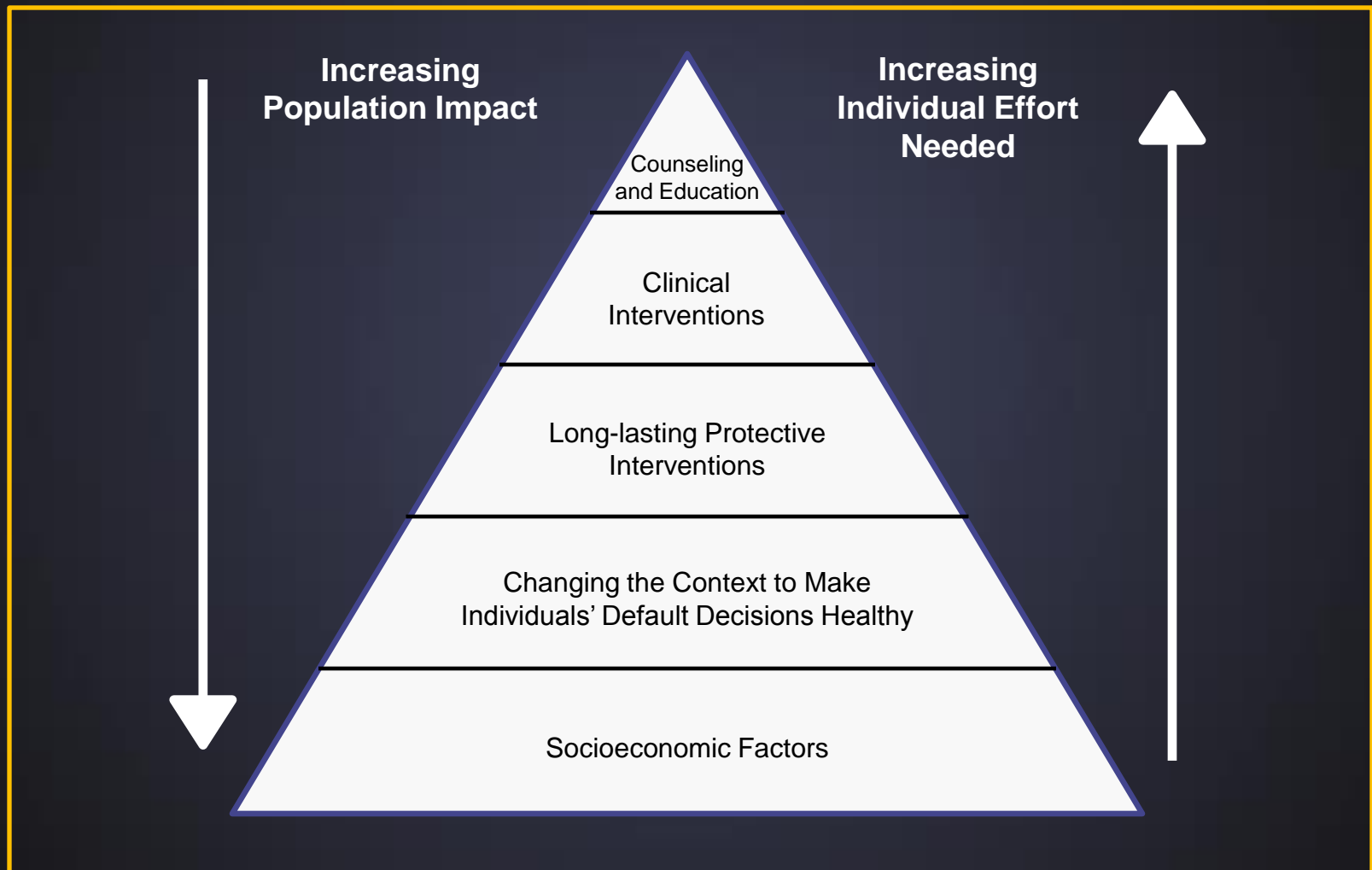
[How Big Is Texas, Compared to Other Land Masses?](#), Dan Solomon ,The Texas Monthly, 1/14/2015

Population Health Priority Issues for Texas

- **Women's health and birth outcomes**
- **Chronic Diseases**
 - **Obesity and Diabetes**
 - **Heart Disease**
 - **Tobacco**
- **Infectious Diseases**
 - **Vaccine Preventable Diseases**
 - **HIV / AIDS**
- **Cancer Prevention**
- **Mental Health and Substance Abuse**
- **Healthcare Delivery System Reform**
- **Disparities**

The Health Impact Pyramid

A Framework for Public Health Action



Source: Thomas Frieden, MD, MPH, American Journal of Public Health, 04/2010, Vol. 100, no. 4

1115 Waivers

- The purpose of these demonstrations is to **demonstrate** and **evaluate** policy approaches such as:
 - Expanding eligibility to individuals who are not otherwise Medicaid or CHIP eligible;
 - Providing services not typically covered by Medicaid; or
 - **Using innovative service delivery systems that improve care, increase efficiency, and reduce costs.**

CMS General 1115 Waiver Evaluation Criteria

- There are general criteria CMS uses to determine whether Medicaid/CHIP program objectives are met. These criteria include whether the demonstration will:
 - increase and strengthen overall coverage of low-income individuals in the state;
 - increase access to, stabilize, and strengthen providers and provider networks available to serve Medicaid and low-income populations in the state;
 - **improve health outcomes** for Medicaid and other low-income populations in the state; or
 - **increase the efficiency and quality of care** for Medicaid and other low-income populations **through initiatives to transform service delivery networks.**

Texas 1115 Waiver Purpose

- Funding from the pools will be distributed to hospitals and other providers to support the following objectives:
 - (1) an uncompensated care (UC) pool to reimburse for uncompensated care costs as reported in the annual waiver application/UC cost report; and
 - (2) a Delivery System Reform Incentive Payment (DSRIP) pool to incentivize hospitals and other providers to transform their service delivery practices to improve quality, health status, patient experience, coordination, and cost-effectiveness.

Challenges

- Hard to tell the Texas story
 - Too many projects
 - Too many measures
 - Output vs. Outcome measures
- Evaluation based decision making
 - Eliminating ineffective projects
 - Taking effective projects to scale
- Transformation vs. Access

Measuring what really counts

- Output
 - Activities
 - Services
 - What you do
- Outcome
 - The “ Why”
 - Results
 - Impact
- Population Health Outcome

*Toward Quality Measures
for Population Health
and the Leading
Health Indicators*

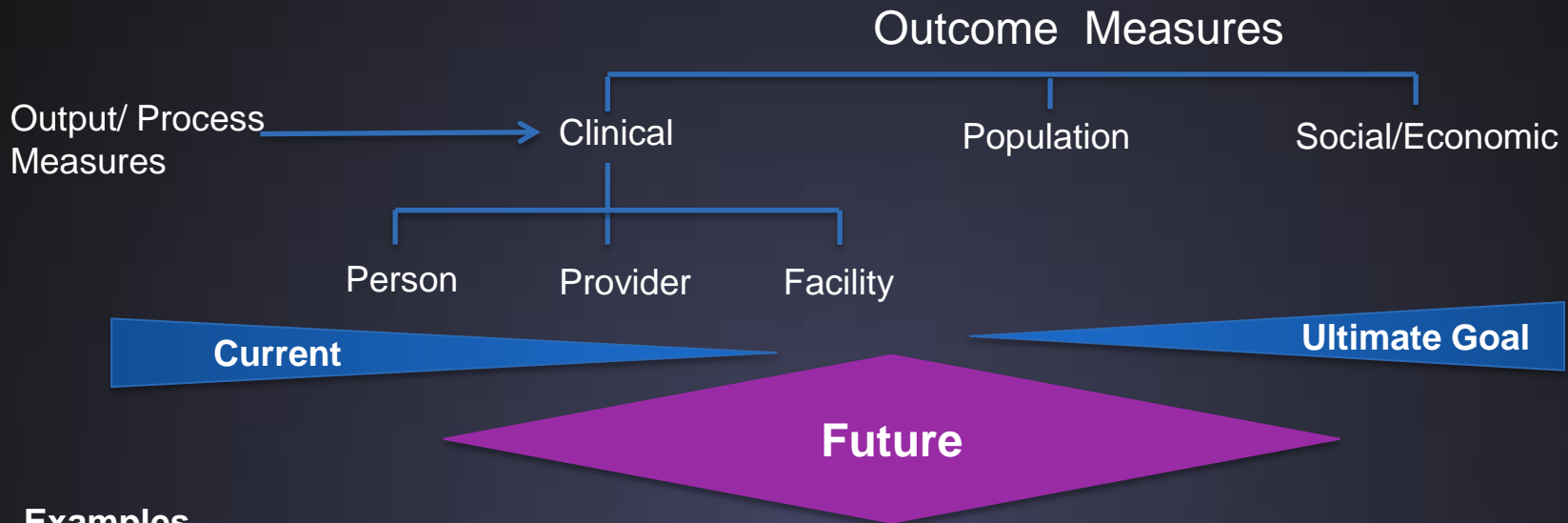


**VITAL
SIGNS**
CORE METRICS
FOR HEALTH AND HEALTH CARE PROGRESS



INSTITUTE OF MEDICINE
OF THE NATIONAL ACADEMIES

Waiver Metrics



Examples

▪ Birth Outcomes

training sessions

Early Prenatal Care
17-P Administration

LBW %
preterm birth rate
NICU Admissions

reduced neonatal
cost
Infant mortality
rates

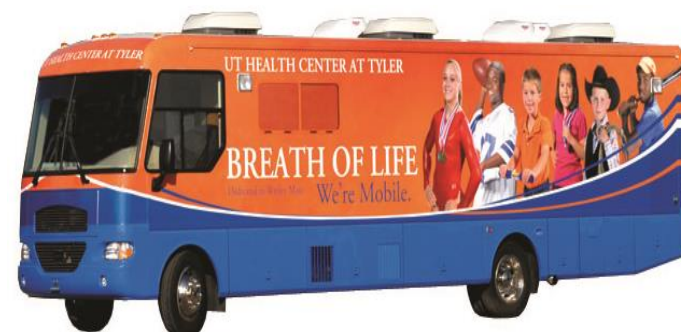
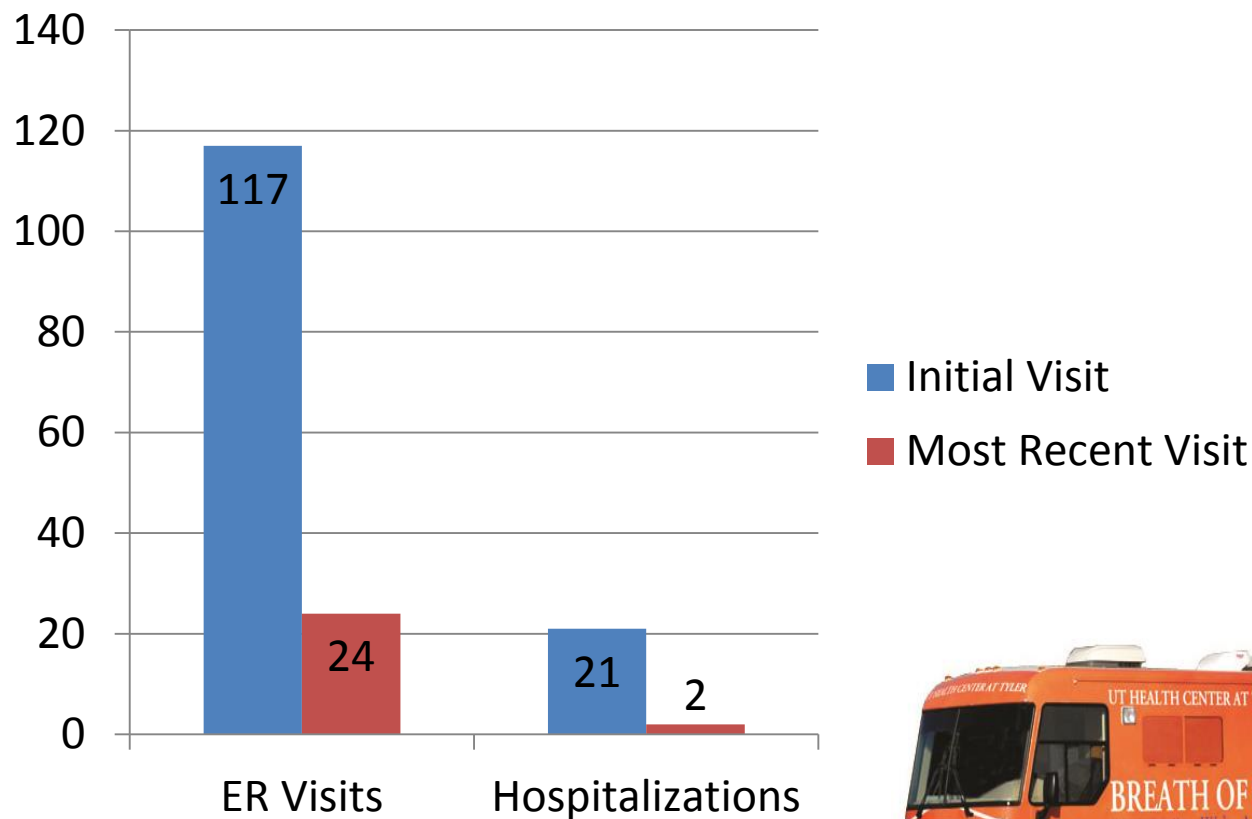
▪ Asthma

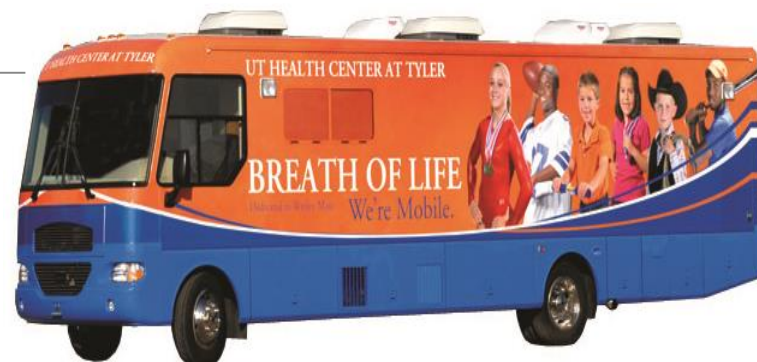
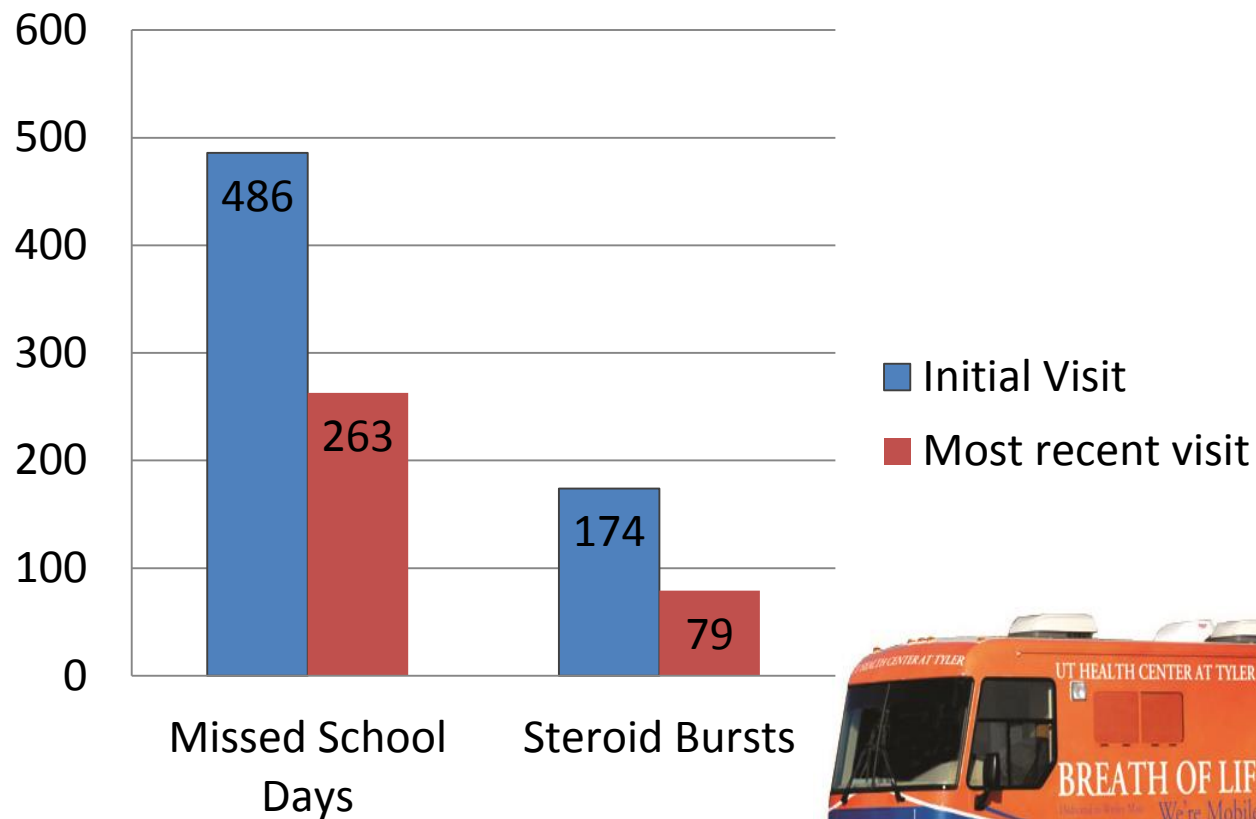
education sessions
parent training
of kids seen by
asthma van

patients'
compliance with
asthma meds
of patient
asthma attacks

ER admissions
Hospital Admits

school absentee
rate





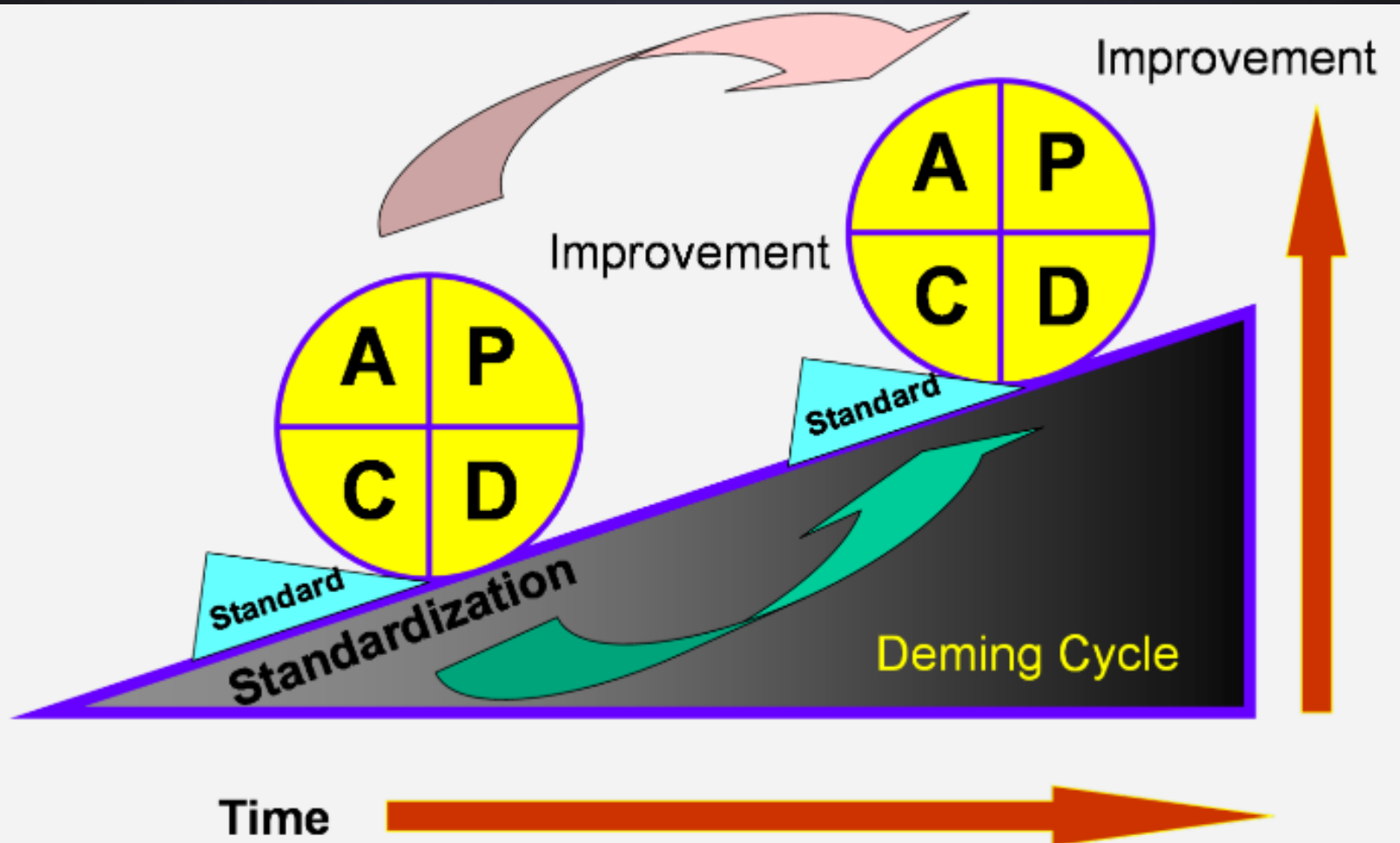
Diabetes Metrics

- Patient Centered Medical Home
- Diabetes Education
- Eye/ Foot exams performed
- Hemoglobin A1C under control
- Decreased number of amputations, loss of sight, loss of renal function
- Decreased total cost

Behavioral Health Metrics

- Number of patients seen
- Number of sites with integrated care
- Percent of patients being assessed
- Improved self assessment of mental health status
- Decreased number of state hospital admissions and incarcerations

Standardization



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Deming/PDCA Cycle

Access

SECTION 1332: STATE INNOVATION WAIVERS

Section 1332 of the Affordable Care Act (ACA) permits a state to apply for a State Innovation Waiver to pursue innovative strategies for providing their residents with access to high quality, affordable health insurance while retaining the basic protections of the ACA.

State Innovation Waivers allow states to implement innovative ways to provide access to quality health care that is at least as comprehensive and affordable as would be provided absent the waiver, provides coverage to a comparable number of residents of the state as would be provided coverage absent a waiver, and does not increase the federal deficit.

State Innovation Waivers are available beginning January 1, 2017. State Innovation Waivers are approved for five-year periods, and can be renewed. Waivers must not increase the Federal deficit.

Recommendations

- Remember the drivers of poor health in Texas
- Focus on the Triple Aim and health disparities
- Concentrate 1115 waiver on transforming Medicaid delivery systems
- Strengthen Evaluation
 - Output vs. healthcare outcomes vs. population health outcomes
- Decrease number of projects
 - Effective projects from a Triple Aim stand point should become the standard of care for Medicaid
 - Ineffective projects should be eliminated
- Increasing access should be looked at through others mechanisms or waivers

Improving the Health of Texans

QUESTIONS?